

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/595195

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4		2		/			54						
5		3		/			55						
6		3		/			56						
7		3		/			57						
8		3		/			58						
9		3		/			59						
10	1		1				60						
11		/		/			61						
12		/		/			62						
13		2		/			63						
14		3		/			64						
15		3		/			65						
16		3		/			66						
17		3		/			67						
18	1		1				68						
19	1		1	5			69						
20		1		/			70						
21		3		/			71						
22		3		/			72						
23		3		/			73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	19	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			23				TOTAL CLAIMS						